

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5926

LIMITED LIABILITY COMPANY

CREEKSTONE FLORIDA HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
 05 NOV 29 AM 8:00
 DIVISION OF CORPORATION

FILED
 05 NOV 29 PM 12:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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11/30/05

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Creekstone Florida Holdings, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:4545 Post Oak Place, Suite 100Houston, Texas 77027**Mailing Address:**4545 Post Oak Place, Suite 100Houston, Texas 77027**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

PlantationFLORIDA 33324

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By:

Denise Bell

Registered Agent's Signature

Denise Bell
Assistant Secretary

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Everett P. Jackson

4345 Port Oak Place, Suite 1200

Houston, Texas 77027

MUR

Stephen D. Keller

7666 Locust Boulevard

Eaton Rouge, Louisiana 70809

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

in accordance with section 905.402(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Everett F. Jackson, authorized representative of a Member
Typed or printed name of signer

TYPE OF PROTECTIVE MEASURE OR MEASURES:

PHYSICAL FORM

\$700.00 Filing Fee for Articles of Organization

\$ 26.00 Designation of Registered Agent

\$ 39.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)